

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040664

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 48-63

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

Miller

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Tuscumbea

Length of stay in 1b

5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Humphreys-Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Miller

c. CITY

OR TOWN

ELDON

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

1 mi. S-E-ELDON

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

PREAST

Birdsong

4. DATE OF DEATH

Month

Day

Year

Nov-

3

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☐ Never Married

☐ Widowed

8. DATE OF BIRTH

15 Oct 1900

9. AGE (last birthday)

63

10. IF UNDER 1 YEAR

Months

Days

11. IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

10b. KIND OF BUSINESS OR INDUSTRY

Gen-Farming

11. BIRTHPLACE (City and state or country)

Miller-Co- Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

LEONARD-Birdsong

13b. MOTHER'S MAIDEN NAME

REBECCA-HOWARD

14. NAME OF HUSBAND OR WIFE

ELMER-MAY-Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

563- Lee-Birdsong-Bunston-Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Apoplexy

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

NONE

20e. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

NONE

20f. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

NONE

20h. CITY, TOWN, OR LOCATION

NONE

20i. COUNTY

20j. STATE

21. I attended the deceased from 1960 to Nov. 3, 1963 and last saw him alive on Nov. 3, 1963

Death occurred at 9:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Me. Humphrey

22b. ADDRESS

DO Tuscumbea-Mo

22c. DATE SIGNED

4 Nov-1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial-

23b. DATE

6 Nov-1963

23c. NAME OF CEMETERY OR CREMATORY

OLEAN

23d. LOCATION (City, town, or county)

OLEAN-

23e. STATE

Mo

24. FUNERAL DIRECTOR

Keith-M-Kays-

24a. ADDRESS

ELDON-MO

25. DATE RECD. BY LOCAL REG.

November 4, 1963

26. REGISTRAR'S SIGNATURE

Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0660

2 0661,

3

4 0

5 3

6

7 0

8 2

9 334X

10

11

12 1-2

13 1-0

NOV 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.